**2014 PESTICIDE CLEAN SWEEP PLANNING FORM**

**I have the following pesticides (weed killers, insecticides, rodenticides, fungicides, miticides, etc.) to bring to the Indiana Pesticide Clean Sweep. I understand that there will be no charge for disposal of up to 250 pounds of pesticides per participant. I also understand that if there is not adequate demand for these disposal services, I will be contacted by the Office of Indiana State Chemist to be notified of the program cancellation.**

**Contact Name_____ Contact Phone # _____**

**Please indicate at which location you will be participating.**

☐ **Brazil – August 12** ☐ **Huntingburg – August 13**

☐ **Crown Point – August 20** ☐ **Lafayette – August 20**

☐ **Danville – August 21**

**List of pesticide products to be disposed:**

**1. Trade Name _____**

**Active Ingredient _____**

**Check One:** ☐**Solid _____ Pounds** ☐**Liquid _____Gallons** ☐**Aerosol**

**2. Trade Name _____**

**Active Ingredient _____**

**Check One:** ☐**Solid _____ Pounds** ☐**Liquid _____Gallons** ☐**Aerosol**

**3. Trade Name _____**

**Active Ingredient _____**

**Check One:** ☐**Solid _____ Pounds** ☐**Liquid _____Gallons** ☐**Aerosol**

**4. Trade Name _____**

**Active Ingredient _____**

**Check One:** ☐**Solid _____ Pounds** ☐**Liquid _____Gallons** ☐**Aerosol**

**RETURN BY July 28, 2014 TO KEVIN NEAL,** nealk@purdue.edu **OR 765-494-4331 (fax). Questions may be directed to Kevin at 765-494-1585.**